

KAUA'I DEEP TISSUE MASSAGE INTAKE FORM

(PLEASE PRINT CLEARLY)

NAME _____

DATE _____ AGE _____ OCCUPATION _____

PHONE # _____

EMERGENCY CONTACT NAME AND # _____

EMAIL _____

LIST ANY INCIDENTS OR MEDICATION THAT MAY AFFECT PAIN / DISCOMFORT / LACK OF MOBILITY OR MASSAGE (for example: high blood pressure, car accidents, surgeries, rashes, cuts, pregnancy)

WHAT AREAS OF YOUR BODY DO YOU WANT TO FOCUS ON / EXPERIENCE DISCOMFORT?

LIST ANY ACTIVITIES AFFECTED BY PAIN / DISCOMFORT / LACK OF MOBILITY

ON A SCALE 1 TO 10, HOW MUCH PAIN / DISCOMFT / LACK OF MOBILITY ARE YOU EXPERIENCING ?

LIST YOUR GOALS FOR THIS SESSION AND TREATMENT

HOW MUCH PRESSURE DO YOU LIKE (circle one) LIGHT MEDIUM DEEP

LIST ANY PREFERENCE FOR MASSAGE TECHNIQUES OR MODALITIES

LIST YOUR SELF CARE AND HEALTH MAINTENCE PRACTICES

LIST WAYS YOU FEEL SHOWN APPRECIATION

By signing this document, I understand that: the session I receive is not medical treatment or a substitute. It is my responsibility to inform the therapist if I would like the pressure of massage adjusted. I have stated all my known medical conditions honestly. I also understand that any sexual advances made by me may result in immediate termination of session, and I will still be liable for payment. Kauai Deep Tissue Massage shall not be liable for any loss and/or damage. I also agree pay full amount for session for missed appointments and canceling or rescheduling with less than 24 hour notice.

SIGNATURE _____